

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4406AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2009
NAME OF PROVIDER OR SUPPLIER V N SENIOR CARE OF THE VINEYARDS		STREET ADDRESS, CITY, STATE, ZIP CODE 1931 W VINDYARDS DRIVE SOUTH PAHRUMP, NV 89048		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility from 8/6/09 to 8/14/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 10. One resident file was reviewed and 2 employee files were reviewed. Complaint #NV00022728 was substantiated. See Tag Y0853 The following deficiencies were identified:	Y 000		
Y 626 SS=D	449.2702(6)(b)(1,2,&3) Restraint Definition NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that	Y 626		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 626	Continued From page 1 cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. This Regulation is not met as evidenced by: Based on observation on 8/14/09, the facility failed to ensure 1 of 10 residents were not restrained by the use of full bed rails (the bed in Bedroom #2 had full bed rails). Resident #1 was observed on 8/14/09 restrained in his wheel chair by a strap. Severity: 2 Scope: 1	Y 626		
Y 853 SS=D	449.274(3)(a) Medical Care / Records NAC 449.274 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. the record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered. This record must accompany the resident if he is transferred to another facility. This Regulation is not met as evidenced by: Based on interview and record review on 8/14/09, the facility failed to ensure that 1 of 10 residents had a written record of an resident's accident or	Y 853		

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Y 853	Continued From page 2 injury (Resident #1). Severity: 2 Scope: 1	Y 853			

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